
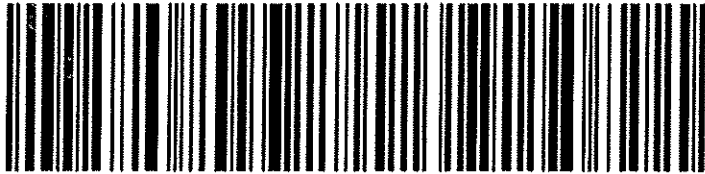


F	\$3.01 US POSTAGE 04/12/2021 From 46204 0 lbs 1 ozs Zone 1	 Pitney Bowes CommPrice 026W0004897682 3000143177
	USPS FIRST-CLASS PKG	
Marion County Clerk MARION COUNTY CLERK 200 E Washington St, # T322 Indianapolis IN 46204-3307		0005 490832184CC0911857
<div style="text-align: right;">C014</div> DR KIM C/O SOUTHEAST HEALTH CENTER DR KIM C/O SOUTHEAST HEALTH CENTER 901 SHELBY ST INDIANAPOLIS IN 46203-1151		
USPS TRACKING #  9400 1149 0267 5317 5062 35		

SUMMONSBRENDA L. White

In the Marion Superior Court, Room No.

441 N. Ridgeway Dr, Indpls, IN 46226

Plaintiff

-vs-

Cause
No. 41 D03-2104-CC-011857DR. Kim / Southeast Health Center901 Shelby, Indpls, IN 46203

Defendant

TO DEFENDANT: (Name) _____

(Address) _____

You are hereby notified that you have been sued by the person named as plaintiff and in the Court indicated above.

The nature of the suit against you is stated in the complaint which is attached to this Summons. It also states the relief sought or the demand made against you be the plaintiff.

An answer or other appropriate response in writing to the complaint must be filed either by you or your attorney within twenty (20) days, commencing the day after you receive this Summons, (or twenty-three (23) days if this Summons was received by mail), or a judgment by default may be rendered against you for the relief demanded by plaintiff.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

If you need the name of an attorney, you may contact the Indianapolis Bar Association Lawyer Referral Service (269-2222), or the Marion County Bar Association Lawyer Referral Service (634-3950).

Dated 4/8/2021Myra A. Eldridge

(Seal)

Clerk, Marion Superior Court

(The following manner of service of summons is hereby designated.)

☐

Registered or certified mail.

☐

Service at place of employment, to-wit: _____

☐

Service on individual (Personal or copy) at above address.

☐

Service on agent. (Specify) _____

☐

Other service. (Specify) _____

Brenda L. White

Attorney for Plaintiff

441 N. Ridgeway DriveAddress 46226312-875-1957

Telephone

Marion County Superior Court
200 East Washington Street
Indianapolis, IN 46204

Telephone

SHERIFF'S RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served this summons on the _____ day of _____, 20____

(1) By delivering a copy of the Summons and a copy of the complaint to the defendant, _____

(2) By leaving a copy of the Summons and a copy of the complaint at _____

which is the dwelling place or usual place of abode of _____

and by mailing a copy of said summons to said defendant at the above address.

(3) Other Service or Remarks: _____

Sheriff's Costs _____

Sheriff _____

By: _____

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Summons and a copy of the complaint to the defendant, _____, by _____ mail, requesting a return receipt, at the address furnished by the plaintiff.

Clerk, Marion Superior Court

Dated: _____, 20____

By: _____

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the complaint mailed to defendant _____ was accepted by the defendant on the _____ day of _____, 20____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the complaint was returned not accepted on the _____ day of _____, 20____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the complaint mailed to defendant _____ was accepted by _____ on behalf of said defendant on the _____ day of _____, 20____.

Clerk, Marion Superior Court

By: _____

Deputy

Cause No. _____ Room No. _____

Plaintiff

VS.

Defendant

SUMMONS

SUPERIOR COURT ROOM NO. _____

SHERIFF'S COSTS

Attorney for Plaintiff

Address

Telephone

PRINT

STATE OF INDIANA

IN THE Superior COURTCOUNTY OF MarionCAUSE NO. 49D03-2104-CC-011857

IN RE THE MATTER OF:

BRENDA L. White
Petitioner

FILED

APR 08 2021

(29)

v.

Southeast Health Center and
Respondent Peter Kim, M.D.Myla A. Eldridge
CLERK OF THE MARION CIRCUIT COURT**APPEARANCE BY UNREPRESENTED PERSON**1. My name is BRENDA L. White and in this case I am not represented by a lawyer.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: 4141 N. Bridgeview Drive
Indianapolis, IND. 46226

Email address: _____

☐*I will accept service at the above email address.*

Phone: _____

Fax: _____

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

☐

Attorney General confidential address

3. This is a CT case type as defined in Administrative Rule 8(B)(3).

4. There are other cases related to this case: (If yes, please indicate below)

☒Yes CLOSED☐

No

Caption and case number of related cases:

BRENDA L. White v.
Caption: Southeast Health Center and
Dr. Peter Kim1:20-cv-00972-JPH-TABCase No.: 1:20-cv-03013-SEB-MJD

~~S~~ BRENDA L. WHITE v. ^{Peter}
Caption: Southeast Health Center & DR. KIM Case No.: 20-2896

Caption: _____ Case No.: _____

Additional information as required by local rule: filed in incorrect jurisdiction

Brenda White
Signature

This appearance is filed with a Verified Motion For Fee Waiver. There is no other party to serve.

INITIATING PARTY

BRENDA L. WHITE
4141 N. RIDGEVIEW DRIVE
INDIANAPOLIS, IN 46226
317.875.1957

PLAINTIFF, INITIATING PARTY

V.

SOUTHEAST HEALTH CENTER / *PETER Kim, M.D.*
901 SHELBY
INDIANAPOLIS, IN 46203

DEFENDANT

BRENDA L. WHITE, PRO SE
Plaintiff,

Vs.

SOUTHEAST HEALTH CENTER/DR. KIM
Defendant

FILED

APR 08 2021

(29)

Mylla Adridge
CLERK OF THE MARION CIRCUIT COURT

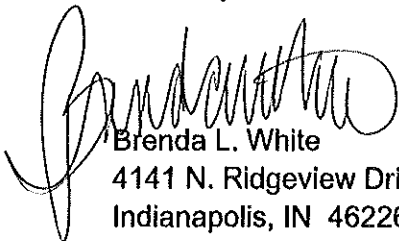
COMPLAINT FOR DAMAGES

Dr. Kim touched me inappropriately, and I decided not to go back to him. I needed help again, and there was no one else who could see me, only him, so I saw him again. He prescribed a medication that I am allergic to despite his asking me if I was allergic to that same medication. I was unaware of this until I took the first dosage. I thought, no, what is happening. I looked at the box, I saw nothing that would alarm me. I began to itch and break out in a rash and spots became red on my skin, I was swelling and that is when I knew that he had prescribed Penicillin after knowing and seeing the red notice in my file that I am allergic. I called the pharmacy and was told that the medication was Penicillin. I made another appointment with Dr. Kim to ask why he would do this to me. He stated that sometimes people who used to be allergic are not allergic any more. But, he did not ask me if I wanted to participate in this type of experiment. I was still having difficulty and while I was at Walmart, I went to the pharmacy, and there I was prescribed sinus medication. I felt better soon after that.

I reported this matter to the health center and nothing was done.

Therefore, I am asking to be compensated for damages caused by this doctor.

Sincerely,



Brenda L. White
4141 N. Ridgeview Drive
Indianapolis, IN 46226
317.875.1957